

Camp Luther Staff Application 2012

Please complete and mail to the director with health form by March 1, 2012. Make a copy for your records. Your Health form can be updated at camp, if necessary. (Please print)

Name

Last First MI
Address _____

E-mail address _____ Phone (____) _____
Birth date _____ Date of application _____ T-Shirt size _____

Name, address, phone number, and pastor's name of the church you attend.

Church _____
Address _____
Phone # (____) _____ Pastor _____

In what ways are you involved in the worship and/or ministry of your church or explain your involvement in any church related and religious activities? _____

Will your pastor verify this if asked? Yes ____ No ____ Don't Know ____

Please explain in a few words why you want to serve at Camp Luther. _____

What would be the greatest strength that you would share with Camp Luther? _____

I would like to serve in this capacity: (Check all that apply)

Dean Counselor Chaplain Nurse Office Staff Teacher*
 Spiritual Director Psychologist Director

*Teacher areas: Bible Catechism Camp Curriculum Music Nature
 Crafts Sports Newspaper Swimming Creative Arts

In which program would you like to serve?(if checking more than one, please prioritize)

Junior Program (Grades 3 - 5) Intermediate Program (Grades 6 - 8)
 Senior Program (Grades 9 - 12)

Are you certified in First Aid? _____

Have you taken the training for "Safe Guarding God's Children"? _____
Where and when? _____

Please attach a copy of your certificate with this application if you know I don't have it.

I plan on attending **Work Day** (Either 21 or 28 April—more info in March) to help finalize camp plans for the week and spruce up the camp.

____ YES ____ NO ____ Unsure

If you are new to the Camp Luther staff, please list three references. *Please ask your references for permission to use their names. At least one reference should be a member of your church. Letters from all references will be required for new applicants. Send them with you application or, if you are submitting online, as soon as possible.*

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever been discharged or forced to resign from employment or a volunteer role?
____no ____yes

If yes, please give the details, including the name of the employer or group. _____

Have you ever been convicted of a crime or are you under charges for any offense against the law, other than minor traffic violations? ____no ____yes If yes, please give the details. _____

CERTIFICATION (Please read this statement carefully before signing!)
I hereby certify that my answers to the above questions are true, complete, and correct. I understand that false answers on this application may be grounds for immediate dismissal from Camp Luther. I also understand that the above answers are subject to verification.

Signature _____ Date _____

Please return this application and health form to: Camp Luther Director
Due March 1, 2012 c/o St. Mark's Lutheran Church
Rt. 1, Box 210
Clarksburg, WV 26301